

APPLICATION FORM CORPORATE/INSTITUTIONAL CLIENTS



Please complete the sections below in BLOCK CAPITALS

SECTION 1 - COMPANY DETAILS

Company Name:

Business Registration Number:

Date of Incorporation:

Nature of Business:

Country of Incorporation:

Registered Address:

Correspondence Address:

Telephone:

Fax:

Contact Person:

Contact Details: Telephone:

Mobile:

Email:

SECTION 2 - SUBSCRIPTION DETAILS

Total Amount (MUR):

Entry Fee (MUR):

Net Amount after Entry Fee (MUR):

Net Amount in words:

SECTION 3 - PAYMENT DETAILS

Option A: Cash

Cash (MUR):

Option B: Cheque drawn in favour of Century Sharia Fund Ltd

Bank Name:

Cheque Number:

Option C: Bank Transfer

1. Remitting Bank

Bank Name & Branch:

Account Number:

SECTION 3 – PAYMENT DETAILS (CONT'D)

 Please complete the sections below in **BLOCK CAPITALS**
2. Receiving Bank Details

Beneficiary: Century Sharia Fund Ltd

Bank Name: State Bank of Mauritius Ltd

Account Number: 61030100053676

IBAN: MU45STCB1170030100053676000MUR

Address: State Bank Tower, 1, Queen Elizabeth II Avenue, Port Louis, MAURITIUS

SECTION 4 – DECLARATION

- I/We wish to make an initial investment of MUR _____ in shares of CENTURY SHARIA FUND LTD and enclose a payment in favour of the Fund.
- I/We understand that no cash payments are accepted for subscription. Any payment should be made by cheque or bank transfer.
- I/We understand that shares will be allocated to me/us at the ruling Subscription Price at the time my/our payment is received at the office of the Distributor (Century Banking Corporation Ltd) and is accepted by it.
- I/We have read the Offer Memorandum and fully understand the terms and conditions and realize the risks of investing in the Fund.
- I/We understand that subscriptions or redemptions paid in currencies other than the designated currency of the Fund (MUR) will be converted into MUR and I/We agree that any exchange/conversion losses or costs will be for my/our account.
- Please note that initial payment may be effected by cheque together with this application form or the first payment received through the telegraphic transfer will be considered as the initial payment.

Authorised Signatory

Name:

Date:

Authorised Signatory

Name:

Date:

SECTION 5 – SUPPORTING DOCUMENTS

- Certificate of Incorporation or 'Statue' of the Institution
- Memorandum & Articles of Association or Constitution
- Board Resolution to invest in the Fund and naming the individuals to sign the relevant documents
- List of Authorised Signatories & Specimen Signatures
- List of all Directors together with their address & occupation
- List of Shareholder/s with more than 20% holding
- Utility Bill or Statement* for evidence of registered address or principal place of business
- National ID Card/Passport for each Director or Authorised Signatory
- Utility Bill for each Director or Authorised Signatory*

* Not more than 3 months old

OFFICE USE ONLY

Subscription Amount (MUR):

Input by:

Subscription Price (MUR):

Authorised By:

Shares Allocated (Number):